

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

2014 APR 22 P 3:54

**LINDSEY SHEPARD, ET AL.**

*Plaintiff*

v.

Civil Action No.:  
**1:14-CV-10301-RGS**

**DOUGLAS K. HOWARD, ET AL.**

*Defendant*

**SUMMONS IN A CIVIL ACTION**

To: (Defendant's name and address)

*City Line Auto Sales  
502 Fitchburg Road  
Greenville New Hampshire*

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

*Paul Jones  
Lindsey Shepard 572 Park Street  
15 Beechwood Rd Stoughton, MA 02072  
Braintree, MA 02184*

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

**/s/ - Chris Danieli**

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2014-02-10 16:44:50.0, Acting Clerk USDC DMA

Civil Action No.: **1:14-CV-10301-RGS**

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) City Line Auto Sales  
was received by me on (date) 04/08/14.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individuals residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individuals last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

Other (specify): I served the Defendant City Line Auto Sales By USPS  
Certified Return Receipt ON OR ABOUT 04/12/14 and it  
was received By Paul Goupil on 04/17/14 he signed for it (see ATTACH Green card)

My fees are \$ 10.00 for travel and \$ 5.00 for services, for a total of \$ 15.00.

I declare under penalty of perjury that this information is true.

04/19/14  
Date

Alexis Kayle  
Server's Signature  
Alexis Kayle  
Printed name and title

74 Thompson St, Springfield, MA 01104  
Server's Address

Additional information regarding attempted service, etc:

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CITY LINE Auto Sales  
562 Fitchburg Road  
Greenville, NH 03048

2. Article Number  
(Transfer from service label)

7011 0110 0001 3637 5226

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

MA 030

17 APR '14

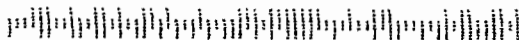
PM 3 L



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box•

Alexis Karle  
79 Thompson St  
Springfield, MA 01109



U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

MARIETTA GA 30062

**OFFICIAL USE**

Postage	\$ 3.08
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 9.08</b>

0109

34

Postmark  
APR 1 2014

04/13/2014

Sent To

Frederick J. Hanna Ass. PC  
Street, Apt. No.,  
or PO Box No. 1427 Roswell Road  
City, State, Zip+4 MARIETTA GA 30062

PS Form 3800, August 2006

See Reverse for Instructions

**COMPLETE THIS SECTION: ON DELIVERY**

A. Signature

*[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Paul Goupi

C. Date of Delivery

4/17/14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes